

Revision: HCFA-AT-81-34
October 1981

(BPP)

10-81

State: Kentucky

Citation

4.12 Prohibiting Against Reassignment of Provider Claims

42 CFR 447.10 (c)
AT-78-90
46 FR 42699

Payment for Medicaid services furnished by any provider under this plan is made only in accordance with the requirements of 42 CFR 447.10.

TN #: 81-31
Supersedes
TN #: 78-10

Approval Date: 12/4/81

Effective Date: 7/1/81